

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Application Number	10/584,455
Filing Date	09/20/2006
First Named Inventor	Sarman Singh
Art Unit	1637
Examiner Name	Wilder, Cynthia B
Attorney Docket Number	506816

Total Number of Pages in This Submission

**ENCLOSURES (Check all that apply)**

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form                  | <input type="checkbox"/> Drawing(s)                                       | <input type="checkbox"/> After Allowance Communication to TC                            |
| <input checked="" type="checkbox"/> Fee Attached                          | <input type="checkbox"/> Licensing-related Papers                         | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input checked="" type="checkbox"/> Amendment/Reply                       | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final                                      | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                        | <input type="checkbox"/> Power of Attorney, Revocation                    | <input type="checkbox"/> Status Letter  |
| <input checked="" type="checkbox"/> Extension of Time Request             | <input type="checkbox"/> Change of Correspondence Address                 | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):         |
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| <input type="checkbox"/> Information Disclosure Statement                 | <input type="checkbox"/> Request for Refund                               |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)           | <input type="checkbox"/> CD, Number of CD(s) _____                        |   |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application   | <input type="checkbox"/> Landscape Table on CD                            |   |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 |   |   |

**Remarks**

Authorization is hereby given to charge or credit Deposit Account No. 503505 for any fee deficiency or overpayment.

  
Rodney D. DeKruif**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Reinhart Boerner Van Deuren s.c.		
Signature			
Printed name	Rodney D. DeKruif		
Date	September 22, 2008	Reg. No.	35,853

**CERTIFICATE OF TRANSMISSION/MAILING**

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Signature			
Typed or printed name	Rodney D. DeKruif	Date	September 22, 2008

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